

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 31921-169499
In re Application of David S. MILLER		
Application Number 09/803,667		Filed March 12, 2001
For FULLY-AUTOMATED SYSTEM FOR TAX REPORTING, PAYMENT AND REFUND AND SYSTEM FOR ACCESSING TAX INFORMATION		
Group Art Unit 3623	Examiner Susanna M. Meinecke DIAZ	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: **\$ 510.00**.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **22-0261**.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

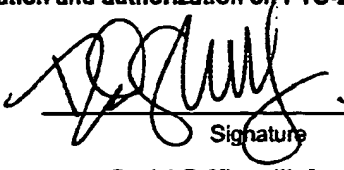
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

<u>May 31, 2005</u>	
Date	Signature
	Daniel G. Vivarelli, Jr., 51,137
	Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

16/02/2005 SZEWD E1 00000039 09803667

01 FC:2253

510.00 DA

VENABLE
ATTORNEYS AT LAW

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/17/05</u>		2 Serial/Patent # <u>09/803,667</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		6/1/05	\$ 510							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 510								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> <td style="width: 20px;">1</td> </tr> </table>		2	2	--	0	2	6	1
2	2	--	0	2	6	1					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>unnecessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WILLIAM LAYMAN</u>		TITLE: <u>Pet. Exam</u>									
SIGNATURE: <u>Will Layman</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alvin Kell</u>		DATE: <u>6/20/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: